

Kansas Medicaid-HealthWave Program

What is Medicaid (Title XIX)?

Medicaid, also known as Title XIX, is a federal-state partnership program that provides health and long-term care services to people with low-incomes. These services include preventive, primary and acute health services for individuals, children and families. It also provides certain long-term care services, like nursing homes, for the elderly or people with disabilities.

Who is eligible for Medicaid in Kansas?

All persons applying for Medicaid are required to meet general, non-financial requirements, which include:

- Kansas Residency
- U.S. Citizen or Documented, Qualified Immigrant Status (except for coverage of emergency services under the SOBRA program)
- Verification of Citizenship and Identity (with a few exceptions)
- Use of other health insurance coverage before using Medicaid

What populations receive benefits through Medicaid?

- Children age 6 and older below 100% FPL (\$16,600 a year for a family of 3)
- Children between ages 1 and 6 below 133% FPL (\$22,078 a year for a family of 3)
- Families with minor children below the limit for Temporary Assistance for Families case assistance (approx. 37% FPL)
- Pregnant women and infants (ages 0-1) at or below 150% FPL
- Elderly and disabled SSI beneficiaries with income at or below 75% FPL (\$7,500 a year for an individual)
- Employed persons with disabilities under 300% FPL
- Low-income seniors who receive Medicare, referred to as Qualified Medicare Beneficiaries (QMBs), Specified Low Income Medicare Beneficiaries (SLMBs), and Qualifying Individuals (QIs)

What mandatory benefits are included in Medicaid?

Mandatory benefits that are provided through Medicaid include physician services; laboratory and x-ray services; inpatient hospital services; outpatient hospital services; early and periodic-screening, diagnostic, and treatment (EPSDT) services for individuals under 21; family planning and supplies; Federally-qualified health center (FQHC) services; rural health clinic services; nurse midwife services; and certified pediatric and family nurse practitioner

Agency Website: www.khpa.ks.gov

Address: Rm. 900-N, Landon Building, 900 SW Jackson Street, Topeka, KS 66612-1220

Medicaid and HealthWave:

Phone: 785-296-3981

Fax: 785-296-4813

State Employee Health

Benefits and Plan Purchasing:

Phone: 785-296-6280

Fax: 785-368-7180

State Self Insurance Fund:

Phone: 785-296-2364

Fax: 785-296-6995

services. Mandatory long-term care benefits are institutional services and nursing facility (NF) services for individuals 21 or over.

What optional services are included in Kansas Medicaid?

The state offers the following optional services through the Medicaid program:

- Alcohol and Drug Abuse Treatment
- Attendent Care for Independent Living
- Audiological services
- Behavior Management
- Community Mental Health Center & Psychological Services
- Dental services (Limited to certain consumers)
- Durable medical equipment
- Medical Supplies, Orthotics, and Prosthetics
- Early Childhood Intervention
- Health Clinics
- Home or community-based services
- Hospice services
- Inpatient Psychiatric services
- Intermediate care facility services
- Local Education Agencies
- Local Health Department services
- Nursing services
- Physical therapy, occupational therapy and services for individuals with speech, hearing and language disorders
- Prescribed drugs
- Podiatric services
- Respiratory care for ventilator-dependent individuals
- Services for special disorders
- Targeted case management for assistive technology
- Vision services

How many Kansans are currently served by Kansas Medicaid?

The Kansas Medicaid program serves 250,336 individuals monthly, as of February 2007. This is a sharp decrease compared to this time last year, because federal citizenship and identity requirements have caused a Medicaid caseload reduction. On a monthly basis, the Medicaid program costs \$170,454,530, which is approximately \$681 per person enrolled in the program. However, this number varies depending on the service utilization and age, among other factors.

How is Medicaid financed in Kansas?

The federal government provides approximately 60 percent of the cost of Medicaid services. In other words, for every Medicaid dollar spent in Kansas, about 60 cents comes from the federal government; the State provides the remaining 40 cents. Medicaid is an open-ended entitlement for states.

When does a beneficiary's eligibility expire?

All beneficiaries must have eligibility redetermined at least once a year. Changes in income, resources and other circumstances during the year will impact the eligibility status for most adults. For children, Kansas applies a policy called continuous eligibility which allows children to be covered regardless of changes in income for up to one year.

How does Medicaid fit into the HealthWave program?

In 2001, the Medicaid managed care program was blended with the SCHIP program into the HealthWave program to help ensure a seamless product. HealthWave enables families with children who are eligible for SCHIP and Medicaid to have the same health plan and health provider for all family members. The HealthWave program also

serves Medicaid-eligible adults and children in the Temporary Assistance to Families (TAF) and Poverty Level Eligible (PLE) programs.

How much does a family pay in premiums for Medicaid?

The graph below outlines that a family must pay a premium of \$20 or \$30, depending on their income and the federal poverty level.

Percent of Federal Poverty Level (FPL)	176-200%		\$30 Family	\$30 Family	\$30 Family	
	151-175%		\$20 Family	\$20 Family	\$20 Family	
	134-150%			No Premium	No Premium	
	101-133%				No Premium	
	38-100%					
	0-37%					
Age in Years		Pregnant Women	Under 1	1 to 5	6 to 19	Adults

How can a person apply for Medicaid?

An application form can be found at schools, places of worship, medical providers, www.kansashealthwave.org, or may be mailed to you by calling 1-800-792-4884. The form is then mailed in along with supporting documentation such as wage information and citizenship and identity documentation to the Kansas Family Medical Clearinghouse, which is responsible for processing and eligibility determination for both Medicaid and SCHIP.

What are citizenship and identity documentation?

If a person applies for Medicaid, they must provide proof of U.S. citizenship and identity, as outlined in the Deficit Reduction Act of 2005. A U.S. Passport, Certificate of Naturalization or Certificate of Citizenship will verify both citizenship and identity. If a person does not have any of those documents, they must provide two forms of documentation, one for citizenship and one for identity. Citizenship documents include birth certificate or birth record, adoption records showing place of birth or military record. Identity documents include driver's license, federal, state or local id, military id, Native American Tribal document. A school id, school records, medical records or licensed or registered daycare documents will verify the identity of a child under 16 years of age. If you need help with your application, call 800.792.4884.

How can a person contact HealthWave, the Medicaid program?

Mail:

P.O. Box 3599, Topeka, KS, 66601

Phone:

Toll Free: 1-800-792-4884

Topeka Area residents 368-1515

TTY: 1-800-792-4292

Fax:

Toll Free: 1-800-498-1255

Topeka Area residents 431-7194